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CONFIRMATION NO. 8457

<b>SERIAL NUMBER</b> 10/620,798	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 229	<b>GROUP ART UNIT</b> 3782	<b>ATTORNEY DOCKET NO.</b> SCH-1912	
<b>APPLICANTS</b> Sabine Leifeld, Berlin, GERMANY; Michael Fuchs, Dischingen, GERMANY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,100 07/17/2002 <i>Jfr</i>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10238512.2 08/16/2002 <i>Jfr</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/20/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Harry Elfin</i> Examiner's Signature <i>Jfr</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23599					
<b>TITLE</b> Folding box with fold-down attachment flap					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		